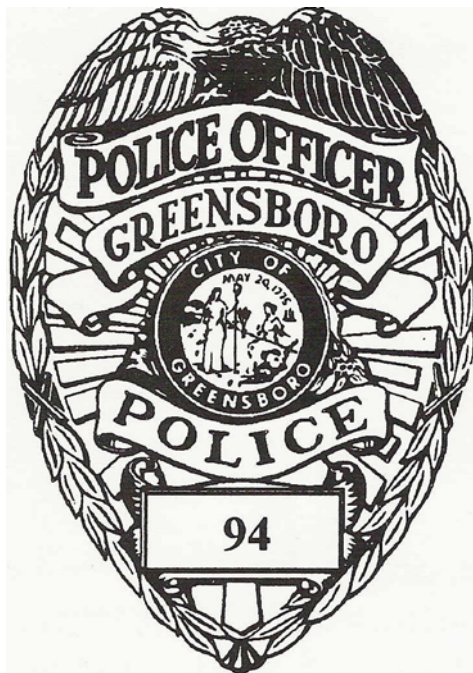


POLICE OFFICER APPLICATION



CITY OF GREENSBORO
NORTH CAROLINA

IMPORTANT

Please ensure this police application packet contains the following:

Employment Procedure and Instructions

Police Officer Application Sheet

Personal History Statement Booklet

Selective Service and Overtime Acknowledgement

Greensboro Police Department Authorization and Release to Obtain
Information Sheet

Height and Weight Standards

Recruitment Questionnaire

Police Officer Brochure

Fair Credit Reporting Notification/Acknowledgement

*If any item is missing, please call 336.373.2460 and ask to speak to a
Personnel Officer.*

Employment Procedure & Instructions

The Police Officer employment process is a four-phase procedure that every applicant must successfully complete. Any phase not completed will result in application for employment being denied.

PHASE I: Submit Application

Instructions

- Complete the **Police Officer Application Sheet**.
- Complete the **Personal History Statement** booklet. (Once it is completed, make a copy of the original and return it with all other material.)
- Complete the **Selective Services and Overtime Acknowledgment**.
- Complete the **Greensboro Police Department Authorization and Release to Obtain Information** form.
- Complete the **Recruitment Questionnaire**.
- Complete the **Fair Credit Reporting Notification/Acknowledgment**.

All forms must be legible and a copy of the **Personal History Statement** booklet must be included (along with the original) or the application packet will not be accepted. Packets can be submitted in person or by-mail to:

Greensboro Police Department Police
Personnel Services Division
P.O. Box 3136
300 West Washington Street
Greensboro, NC 27402-3136
Attention: Personnel Officer

In addition to the application material included in this folder, we need photocopies (**WE WILL NOT MAKE COPIES FOR YOU**) of the following:

- Birth Certificate
- High School and College Transcript (if unable to obtain immediately, please furnish a copy of your diploma(s) or equivalency certification until transcripts arrive)
- Valid Driver's License
- DD-214 (if you have completed military service)

The copy of the birth certificate and valid driver's license must be submitted with the application packet. If it is necessary to send off for any copies of transcripts or DD-214, do not let this delay submitting your application. Bring any required transcripts, etc., on the day of testing. **Please ensure that all documents requiring signature have been signed.**

PHASE II: Written Exam

Once your application has been properly submitted, a written test to help determine your general suitability for law enforcement employment must be administered.

A member of the Police Personnel Services Division will be in contact to schedule you for the exam.

Each applicant's height to weight standard will be examined on the day of testing

If you require special accommodations, please let us know at the time of test scheduling:

PHASE III: Background Investigation / Oral Board Interview

Applicants who successfully complete the written exam will be contacted by a background investigator to schedule a background interview appointment. Also, a member of the Personnel Services Division will contact you to schedule an oral interview.

PHASE IV: Conditional Offer of Employment

Once a background has been completed and an oral interview conducted, then a decision will be made whether to extend a conditional offer of employment. If an offer is extended, it will be contingent on four conditions.

- Successfully completing a polygraph test
- Successfully completing an interview with a psychologist
- Successfully completing a medical exam
- Passing a drug test

Once you have successfully completed all conditions, then a final job offer will be given to sit in a Police Basic Introductory Course.

Any misstatement or omission of information, or failure to complete tasks, meet appointments, or follow employment procedures as directed may subject you to disqualification.

**POLICE OFFICER APPLICATION FOR EMPLOYMENT
GREENSBORO POLICE DEPARTMENT
300 WEST WASHINGTON STREET
GREENSBORO, NC 27402**

The Greensboro Police Department is an equal employment opportunity/affirmative action employer that does not discriminate on the basis of race, color, national origin, gender, religion, age or disability in employment or the provision of services.

Please print clearly or type this application. Complete all sections accurately to the best of your ability. Your application will be used as a part of the examination process and should reflect your best effort.

Date: _____

Social Security #: _____

Name: _____
 Last **First** **Middle**

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Telephone: **Home** _____ **Business** _____ **Other** _____

Do you have a valid driver's license: **Yes** **No**

What State? _____ **Driver's License Number:** _____

E-Mail Address: _____

NOTE: Data solicited in this book will be utilized for Equal Employment Statistical purposes only.

Ethnic Background

American Indian
Asian American
African American

Spanish American
White
Other

Sex

Male

Female

GREENSBORO POLICE DEPARTMENT

AUTHORIZATION AND RELEASE TO OBTAIN INFORMATION

I, _____, authorize the Greensboro Police Department to conduct a personnel background investigation in connection with my application for employment.

This investigation may include information from educational institutions, physicians, and/or medical records, insurance companies, police and/or court records, Department of Motor Vehicle records, listed personal references and/or developed references, previous employers and/or present employer and other appropriate sources. Additionally, this information may include results of background investigations, polygraph examinations, and psychological evaluations, as well as information related to substance abuse.

I authorize the release of any information that the Greensboro Police Department may request from the above sources. I further waive all rights to inspection or review of any information compiled pursuant to my application for employment.

I fully understand all information gained from such investigation is confidential and will be released only to authorized persons in the employment process.

I agree to give any further information which may be required and hereby certify that there are no willful misrepresentations, omissions or falsifications in any of the applications and/or documents furnished for the position and/or answers to questions. I am aware that should an investigation disclose any willful misrepresentation, omissions or falsifications my application may be rejected or, if already employed, my employment terminated.

I hereby release the Greensboro Police Department, Greensboro, North Carolina or any of its agents or representatives and any persons so furnishing information from any and all liability of every nature and kind arising out of the furnishing or inspection of such documents, records, and other information for the investigation made by the Greensboro Police Department.

State of North Carolina, Guilford County, North Carolina

On this _____ day of _____, 20____, _____
whose name is signed to the foregoing instrument personally appeared before me, acknowledge the foregoing signature to be his, and, having, been duly sworn by me, made oath that the statements made in the said instrument are true.

My Commission Expires: _____

NOTARY PUBLIC

SELECTIVE SERVICE AND OVERTIME ACKNOWLEDGMENT

MALES AGE 18 THROUGH 25 ONLY

State law prohibits local government from employing anyone who has not complied with Selective Service Registration regulations. Currently, males from the age of 18 through 25 are required to register with the federal government in accordance with the Military Selective Service Act. By your signature below, indicate if you have or have not complied with this requirement.

YES, I have met Selective Service Registration requirements.

Applicant's Signature

NO, I have not met Selective Service Registration requirements.

Applicant's Signature

ACKNOWLEDGMENT OF OVERTIME COMPENSATION POLICY

For those positions subject to the overtime provisions (NON-EXEMPT) of the Fair Labor Standards Act (FLSA), City policy is to compensate for overtime hours, whenever possible, by awarding compensatory time (on a 1 ½ hour compensatory time for one (1) hour overtime basis) as provided by the FLSA. Accumulated compensatory time may be used at the employee's discretion provided reasonable notice is given and provided such use does not unduly disrupt operations. Upon separation from the City (or at any other time at the City's discretion) accumulated overtime compensatory hours will be paid at the employee's current rate of pay.

I understand this policy and agree to accept overtime compensation (if applicable) in this fashion should I be selected for the position for which I am applying.

This _____ day of _____, 20 _____
Social Security Number: _____
Signature: _____

Recruitment Questionnaire

Applicant Name: _____

1. Where do you currently live?

City _____ State: _____

2. Were you actively recruited? Yes No

In what manner?

Spoke to a recruiter at College Career Fair

Spoke with a Police Personnel Officer

Toured the Department

Spoke with a Greensboro Police Officer or City Employee

If so, who recruited you (**NAME ONLY ONE**)?

Other (explain) _____

3. Did you see or hear advertisements for the Greensboro Police Department from any of the following? (Check all that apply)

Radio (Which station?) _____

Internet (Which site?) _____

College Program (Which college?) _____

Movie Theaters (Which theater?) _____

Newspaper ad (Which newspaper?) _____

Billboards

WUPN (Channel 45)

The WB (Channel WBFX)

Cable TV (BET, Weather Channel, Lifetime, ESPN2)

Calendar

Direct mail out

Other Advertisement

4. What encouraged you to want to work with Greensboro?



NORTH CAROLINA
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION
CRIMINAL JUSTICE STANDARDS DIVISION
Telephone: (919) 716-6470

It is the determination of the Commission that these questions are necessary in order to fully and adequately evaluate applicants for law enforcement and criminal justice certification. These questions are designed to ascertain whether the applicant meets the minimum standards for certification and serve no other purpose

PERSONAL HISTORY STATEMENT

NOTE: This form is not designed for use as an initial application for employment and must not be used for that purpose. Rather, the applicant for a **CERTIFIED** position should complete this form prior to beginning his/her background investigation. This form should only be completed by applicants for a Commission-certified position.

**NORTH CAROLINA CRIMINAL
CRIMINAL JUSTICE EDUCATION AND TRAINING STANDARDS COMMISSION**

Form F-3
(Revised 8/00)

PERSONAL HISTORY STATEMENT

INSTRUCTIONS: Using a typewriter or legibly printing in ink, fill out this form **completely** and **accurately**. If you need extra space, add additional pages and identify the information by item number. If an item does not apply to you, indicate by entering N/A in the blank.

NOTE: All statements are subject to verification and any incorrect statements or omissions may bar or remove you from certification. Truthful statements to any item requested will not necessarily exclude you from consideration.

THIS FORM MUST BE NOTARIZED UPON COMPLETION.

Position(s) applied for _____

Agency _____

Month _____

Day _____

Year _____

PERSONAL

1. Name _____
First Middle Last

2. _____
Social Security Number

All Previous Names _____

Nicknames or Aliases _____

3. Present Mailing Address _____
Street & Number City County State Zip Code

Permanent Mailing Address _____
Street & Number City County State Zip Code

Telephone Number: Home: _____ Work: _____

Pager Number: _____ E-Mail Address: _____

4. Date of Birth: _____ 5. Place of Birth: _____

6. Citizenship: ☐ U.S. Born ☐ U.S. Naturalized ☐ Other-Specify: _____

NOTE: Data solicited in this block will be utilized for Equal Employment Statistical information purposes only.

7. Ethnic Background:

☐ American Indian

☐ Spanish American

☐ Asian American

☐ White

☐ African American

☐ Other: _____

8. Sex: ☐ Male ☐ Female

9. Have you previously submitted an application for employment with this agency?

☐ YES ☐ NO Approximate date: _____

EDUCATIONAL

10. Indicate below the schools you have attended. (Include incomplete courses)

Name Address (City and State)	No. Full Yrs. Work Completed	When Attended	Graduated	Degree Awarded	Major Field
A. High Schools					
B. University or Colleges					
C. Extension or Correspondence Courses					

11. If you did not graduate from high school, have you passed the General Education Development (GED) Test?

☐ YES ☐ NO If yes, when and where did you complete the GED?

NOTE: Questions included in the next section are intended to assist in the conducting of a background investigation and are not intended for use by the employing agency as disqualifying factors for employment as a justice officer.

MARITAL

12. Marital Status (Check One) ☐ Single ☐ Married ☐ Divorced
☐ Engaged ☐ Separated ☐ Widowed

13. Name of Spouse _____

14. List all your children, including any adopted or stepchildren:

NAME	BIRTH DATE	RELATIONSHIP	WITH WHOM RESIDES	PHONE NUMBER
(1).				
(2).				
(3).				
(4).				
(5).				
(6).				

FAMILY HISTORY

15. Are you related by blood or marriage to any person(s) now employed by this agency?

☐ YES ☐ NO If yes, give name(s) and details:

16. Is any member(s) of your immediate family now in prison or on either probation or parole?

☐ YES ☐ NO If yes, give name(s) and details:

RESIDENCES

17. List addresses for past 10 years starting with present address at top:

FROM: MO. YR.	TO: MO. YR.	ADDRESS OF RESIDENCE (Include COUNTY OF RESIDENCE)	CITY/STATE (Include Zip Code)	LANDLORD

FINANCIAL

18. What income other than salary do you have at present?

19. Are you now supporting all children born to you, adopted by you and stepchildren? ☐ YES ☐ NO If not, give details:

20. Are there persons, other than your spouse and listed children, who are presently dependent upon you for support?

☐ YES ☐ NO If yes, give name and details:

21. Have you ever been sued with a civil judgment being rendered against you?

☐ YES ☐ NO If yes, give details:

22. What is the total amount of all your debts at present? \$ _____

23. What is the average monthly total of all your bills, payments, and current living expenses? \$ _____

24. List credit references, including businesses to which you make monthly payments:

A. _____ Amount Owing _____

Name of Business

Street Address

City and State

B. _____ Amount Owing _____

Name of Business

Street Address

City and State

C. _____ Amount Owing _____

Name of Business

Street Address

City and State

D. _____ Amount Owing _____

Name of Business

Street Address

City and State

E. _____ Amount Owing _____

Name of Business

Street Address

City and State

WORK HISTORY

25. Have you ever been denied employment by a criminal justice agency?

☐ YES ☐ NO If yes, list agency name and give details:

26. If you have ever been discharged or requested to resign from any position because of criminal or personal misconduct or rules violations, give details: _____

27. Do you object to wearing a uniform? ☐ YES ☐ NO

28. Do you object to working nights? ☐ YES ☐ NO

29. Do you object to working rotating shifts? ☐ YES ☐ NO

30. Do you object to occasionally being away from home overnight and for other periods of time attending meetings, acquiring training and otherwise performing official duties? ☐ YES ☐ NO

31. List all jobs you have held in the last ten years. Put your present or most recent job first. If you need more space, you may attach additional sheets. Include military service in proper time sequence and temporary part-time jobs.

A. Title of present or last position _____	Starting salary _____	Last salary _____
--	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

B. Title of next to last position _____	Starting salary _____	Last salary _____
---	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

C. Title of next position _____	Starting salary _____	Last salary _____
---------------------------------	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

D. Title of next position _____	Starting salary _____	Last salary _____
---------------------------------	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

E. Title of next position _____	Starting salary _____	Last salary _____
---------------------------------	-----------------------	-------------------

Date employed:
Date separated:
Full-time Yrs. Mos.
Part-time Yrs. Mos.
If part-time, number of hours worked per week:

Name and title of supervisor _____	No. employees supervised by you _____
Employer _____	Address _____
Employer's Telephone Number () _____	City _____ State _____ Zip Code _____
Duties: _____	
Reason for leaving: _____	

F. Explain periods of unemployment of three months or more _____

MILITARY SERVICE

32. Were you ever in the U.S. Military Service or any other military organization? ☐ YES ☐ NO

QUESTIONS 33 THROUGH 41 ARE APPLICABLE ONLY TO VETERANS

33. What is your service number? _____

34. What was the highest rank that you held? _____

35. What was the date and location of your first entrance into active duty? _____

Date: _____ Location: _____

36. What were your unit assignments in the service?

BRANCH	UNIT (Company or Ship)	LOCATION	FROM Mo/Yr	TO Mo/Yr

37. What was the date and location of your last discharge from active duty?

Date: _____ Location: _____

38. Was your last discharge honorable? ☐ YES ☐ NO

If no, was it characterized as bad conduct ☐ or dishonorable ☐ ?

39. Were you ever court-martialed, tried on charges, or were you the subject of a summary court, deck court, or non judicial punishment (Captain's mast, company punishment, Article 15, etc.), or **any other disciplinary action** while a member of the armed forces?

☐ YES ☐ NO If yes, explain: _____

40. List any disciplinary action taken against you in the National Guard or other reserve unit: _____

41. List all medals and decorations awarded you during your military service: _____

42. If you are presently a member of the National Guard or any military reserve, give the unit, location, and describe your obligation:

USE OF ALCOHOL OR DRUGS

NOTE: In questions 43, 44, 45 and 46, the words drink or used mean "one time or more, including experimentation." If any answer is yes, give full and complete details. (Attach extra sheets if necessary.)

43. Do you drink alcoholic beverages? ☐ YES ☐ NO If yes, to what degree?

44. Have you ever used marijuana? ☐ YES ☐ NO If yes, what were the circumstances?

When was the last time?

45. Have you ever used any other illegal drugs, including but not limited to, opiates, pills, heroin, cocaine, crack, LSD, etc.?

☐ YES ☐ NO If yes, what were the circumstances?

When was the last time?

46. Have you ever used prescription drugs other than under the supervision of or as prescribed by a physician?

☐ YES ☐ NO If yes, what were the circumstances?

CRIMINAL OFFENSE RECORD AND DISCIPLINARY ACTIONS

NOTE: Include all offenses other than minor traffic offenses. The following are not minor traffic offenses and must be listed below: DWI, DUI (alcohol or drugs), duty to stop in the event of an accident, driving while license permanently revoked, and speeding at least 15 mph over limit to elude arrest.

Answer all of the following questions completely and accurately. Any falsifications or misstatements of fact may be sufficient to disqualify you. If any doubt exists in your mind as to whether or not you were arrested or charged with a criminal offense at some point in your life or whether an offense remains on your record, you should answer "Yes." You should answer "No," **only** if you have never been arrested or charged, or your record was expunged by a judge's court order.

47. Have you ever been arrested by a law enforcement officer or otherwise charged with a criminal offense?

(The term "charged" as used in this question includes being issued a citation or criminal summons.)

☐ YES ☐ NO If "Yes," please give details:

- | | |
|---------------------------|-------------------------------|
| A. Offense charged: _____ | Law Enforcement Agency: _____ |
| Date: _____ | Disposition of Case: _____ |
| B. Offense charged: _____ | Law Enforcement Agency: _____ |
| Date: _____ | Disposition of Case: _____ |
| C. Offense charged: _____ | Law Enforcement Agency: _____ |
| Date: _____ | Disposition of Case: _____ |

(ATTACH EXTRA SHEETS, IF NECESSARY.)

48. Have you ever had a Domestic Violence Protection Order issued against you?
(Include both ex-parte Domestic Violence Protective Orders and those entered subsequent to a hearing.)

☐ Yes ☐ No

Date of Issuance: _____

County of Issuance: _____

Name of Plaintiff: _____

Date of Expiration: _____

49. Under federal law you may be disqualified to receive or possess a firearm if you meet any of the following conditions:

- (a) Currently under Indictment or Information in any court for a crime punishable by imprisonment for a term exceeding one year.
- (b) Have been convicted in any court of a crime punishable by imprisonment for a term exceeding one year. A person would not be ineligible under this criteria if the person has been pardoned for the crime or conviction, the crime or conviction has been expunged or set aside, or the person has had their civil rights restored, and under the law where the conviction occurred, the person is not prohibited from receiving or possessing any firearm.
- (c) Are a fugitive from justice.
- (d) Are an unlawful user of, or addicted to, marijuana, or any depressant, stimulant, or narcotic drug, or any other controlled substance.
- (e) Have been adjudicated mentally defective or have been involuntarily committed to a mental institution.
- (f) Have been discharged from the Armed Forces under dishonorable conditions.
- (g) Are illegally in the United States.
- (h) Have renounced his/her citizenship, having previously been a citizen of the United States.

NOTE: A "crime punishable by imprisonment for a term exceeding one year," as discussed in (a) and (b) above is defined in federal law so as to exclude most misdemeanors in North Carolina.

Based upon the above information, are you disqualified to receive or possess firearms under any of the above provisions of federal law? ☐ YES ☐ NO If yes, explain: _____

50. Have you been convicted of a misdemeanor under federal or state law which has, as an element, the use or attempted use of physical force, or the threatened use of a deadly weapon, committed by a current or former spouse, parent, or guardian of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, parent, or guardian, or by a person similarly situated to a spouse, parent, or guardian of the victim (domestic violence offense)?

☐ YES

☐ No

Offense Charged: _____

Law Enforcement Agency: _____

Date: _____

Disposition: _____

51. Have you ever been charged with or convicted of a felony? ☐ YES ☐ NO If yes, give details: _____

52. Have you ever been placed on probation? ☐ YES ☐ NO If yes, give details: _____

53. Have you ever been required to pay a fine in excess of \$50.00 (this does not include court costs)?

☐ YES ☐ NO If yes, give details: _____

54. Can you operate a motor vehicle? ☐ YES ☐ NO

55. Do you possess a valid driver's license from the State of North Carolina? ☐ YES ☐ NO

Driver's License Number _____ Year Issued _____

56. Do you possess a driver's license issued by any state other than the State of North Carolina? ☐ YES ☐ NO

If yes, give the state and number: _____

57. Was your license ever suspended or revoked? ☐ YES ☐ NO If yes, state which and give reasons:

58. Was your license ever restored? ☐ YES ☐ NO When? _____

59. Have your driving privileges ever been restricted? ☐ YES ☐ NO If yes, give details: _____

CAREER OBJECTIVES

60. Briefly explain your reasons for applying for this position:

61. List special skills, training, fields or work for which you are licensed, registered, or certified, and hobbies which may be useful in the performance of the duties of the position for which you have applied:

62. What are your feelings about the use of deadly force if it became necessary in the performance of official duties?

REFERENCES

63. Give the names of five responsible persons, other than relatives or past employers, who could provide information about your character, ability, experience, personality, and other qualities.

NAME	ADDRESS	TELEPHONE
1)		
2)		
3)		
4)		
5)		

STATE OF NORTH CAROLINA

COUNTY OF _____

I hereby certify that each and every statement made on this form is true and complete and I understand that any misstatement or omissions of information will subject me to disqualification or dismissal. I also acknowledge that I have a continuing duty to update all information contained in this document. I will report to the employing agency and forward to the NC Criminal Justice Education and Training Standards Commission any additional information which occurs after the signing of this document.

This the _____ day of _____, 20 _____

(Signature in full)

Subscribed and sworn to before me,
this the _____ day of _____, 20 _____

Notary Public (Official Seal)

My Commission Expires _____, 20 _____

Fair Credit Reporting Notification / Acknowledgment

Your credit history is an integral part of the employment process with the Greensboro Police Department, as it provides insight into personal attributes such as your level of responsibility, and your ability to manage and plan daily life functions. Although your credit history is only one of many tools used to assess your suitability for employment, it could impact the hiring decision regarding your application.

In conjunction with the Fair Credit Reporting Act, 15 V.S.C. 168IM(A), a copy of any credit report used for employment purposes must be provided to the applicant free of charge. Therefore, credit information, which is made part of your application portfolio, will be provided to you at the time of your background investigation interview. If your application is not forwarded to the background portion of the employment process, a credit report will not be requested and the provisions of this notification do not apply. It is important to recognize that the agency reporting the credit information to the Greensboro Police Department neither approves nor denies your application for employment, but will address inquiries pertaining to the actual report. The following agency is utilized by the Greensboro Police Department to procure credit reports:

***Credit Bureau Information Services
225 Commerce Place
P. O. Box 26140
Greensboro, North Carolina 27402
1-800-288-7408 EXT. 3008***

Acknowledgment of Notification

I have read and understand the above stated information pertaining to the Fair Credit Reporting Act, and my dated signature below acknowledges the receipt of this information.

Signature

Date

Social Security Number

Note: Return this signed document with your application.

Before submitting your application packet, please ensure the following is included:

_____ Original and a Copy of Personal History Statement Booklet
(Along with the original)

_____ Copy of Valid Driver's License

_____ Copy of Birth Certificate

_____ Photocopy of high school diploma or an official high school transcript. If not included, should be submitted at time of background investigation.

_____ Copy of DD-214, if served in the military. If not enclosed, should be submitted at time of background investigation.

Please turn in the application packet in following order:

1. Police Officer Application Sheet
2. Greensboro Police Department Authorization to Obtain Information
3. Selective Service and Overtime Acknowledgment
4. Recruitment Questionnaire
5. Personal History Statement Booklet
6. Copy of Personal History Statement Booklet
7. Fair Credit Reporting Notification/Acknowledgment